



Teen Collision Avoidance Training



Session Dates: _____

Name (L,F,MI)

Age

DOB

SC Driver's License

Phone

Address, City, State, Zip

Type of Car for class _____

Transmission: ☐ Automatic ☐ Stickshift

Insurance Company

Print this form, Fill out, MAIL with \$25 check or money order to:

Charleston Police Dept. – Attn. Crime Prevention Office
180 Lockwood Blvd.
Charleston, SC 29403